



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

June 1, 2011

Ms. Jessica Jennings, Administrator
Saint Albans Healthcare And Rehabilitation Center
596 Sheldon Road
Saint Albans, VT 05478

Provider #: 475021

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **April 26, 2011**. Please post this document in a prominent place in your facility.

We will follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED

Division of

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PRINTED: 05/17/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - 01 BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2011
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NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
K 015 SS=B	<p>A Life Safety Code inspection was completed on 4/26/11. The following are violations of the Life Safety Code regulatory requirements:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2</p>	K 015	<p>St. Albans Health & Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law.</p> <p>Residents on the west wing have the potential to be affected by this deficient practice.</p> <p>The wall in the west wing medication Room was sheet rocked on 4/27/11.</p> <p>A new Maintenance Director was appointed and education provided regarding the life safety regulation interior finish requirements.</p>	
K 018 SS=D	<p>This STANDARD is not met as evidenced by: Based on observations during a tour of the facility, accompanied by facility staff, inspection revealed that the West Wing Medical Room has a wall that has exposed wood framing that violates the interior finish requirements.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6</p>	K 018	<p>A physical plant inspection check list has been implemented and will be performed weekly by the maintenance director and/or his designee. Results of the inspection will be presented during CQI meeting quarterly x 2.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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FORM CMS-2567(02-99) Previous Versions Obsolete

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K 038	Continued From page 2 to silence the door alarm.	K 038	The above mentioned door was lubricated properly to use the key to silence the alarm on 4/ 26/11. A physical plant inspection check list has been implemented and will be performed weekly by the maintenance director and/or his designee to assure that the Results of the inspection will be presented during COI meeting quarterly x 2.		
K 051 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	K 051	St. Albans Health & Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law.		
	This STANDARD is not met as evidenced by: Based on observations during a tour of the facility, accompanied by facility staff, inspection revealed that not all of the required fire drills were completed for the last quarter of 2010 and the first quarter of 2011.		All residents have the potential to be affected by this deficient practice. A new Maintenance Director has been implemented with education provided regarding Life Safety regulations of Fire Drills secondary to lack of docu- mentation from previous director. The new Maintenance Director will perform fire drills per Life Safety Regulations and share the results of those drills with the COI team quarterly x 2.		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 056	St. Albans Health & Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law.		

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K 056	Continued From page 3 If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observations during a tour of the facility, accompanied by facility staff, inspection revealed that the sprinkler system was inspected on 12/2010 and has violations indicated on the annual inspection sticker.	K 056	All residents have the potential to be affected by this deficient practice. The Fire Sprinkler System was inspected on 5/5/11 in conjunction with the city's hydrant flushing. All violations have been resolved. The new Maintenance Director has a schedule of when inspections have been completed and when they're due. The director will bring the schedule to the quarterly CQI's to keep the team updated on inspection status.	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observations during a tour of the facility, accompanied by facility staff, inspection revealed that the fire extinguishers were last inspected in July of 2009. This is in violation of	K 064	<i>K056 POC Accepted 5/31/11 J. Benard / Amcsturn</i> K064 St. Albans Health & Rehab Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law. K 064 All residents have the potential to be affected by this deficient practice. All fire extinguishers were inspected on 4/29/11 by Fire Pro-Tech. The new Maintenance Director has a schedule of when inspections have been completed and when they're due. The director will bring the schedule to the quarterly CQI's to keep the team updated on inspection status.	

K064 POC Accepted 5/31/11 J. Benard / Amcsturn

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K 064	Continued From page 4	K 069	St. Albans Health & Rehab Center provides		
K 069	NFPA 1, Section 13.6 as amended by the 2006 Vermont Fire & Building Safety Code.	K 064	this plan of correction without admitting or denying the validity or existence of the		
SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 069	allege deficiencies. The plan of correction is prepared and executed solely because		
	Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96		it is required by federal and state law.		
	This STANDARD is not met as evidenced by: Based on observations during a tour of the facility, accompanied by facility staff, inspection revealed that the kitchen hood fire suppression system is over due for the semi-annual inspection. The system was last inspected on 08/2010.		All residents have the potential to be affected by this deficient practice.		
K 130	NFPA 101 MISCELLANEOUS	K 130	The Dietary Ansul inspection was completed on 4/29/11 by Fire Pro-Tech.		
SS=D	OTHER LSC DEFICIENCY NOT ON 2786		The new Maintenance Director has a schedule of when inspections have been completed and when they're due. The director will bring the schedule to the quarterly CQI's to keep the team updated on inspection status.		
	This STANDARD is not met as evidenced by: Based on observations during a tour of the facility, accompanied by facility staff, inspection revealed that the dryer vents are secured by screws. This is in violation of NFPA 211, Section 107.3.5.	K130	St. Albans Health & Rehab Center provides		
	Also, inspection revealed that there are no carbon monoxide detectors installed at the nurses stations. This is in violation of NFPA 101, Section 101.18.3.4.6 as amended by the Vermont Fire & Building Safety Code.		this plan of correction without admitting or denying the validity or existence of the		
	Finally, inspection revealed that in general, the required documentation to be maintained for review during the Life Safety Code inspection was		allege deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law.		
			All residents have the potential to be affected by this deficient practice.		
			Dryer vents had the screws removed and were Taped as recommended by the Life Safety Inspector on 4/26/11.		

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K 130	Continued From page 5 not dated properly and not completed.	K 130	Carbon monoxide detectors were installed on 4/29/11 by Gene's Electric.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations during a tour of the facility, accompanied by facility staff, inspection revealed that there is a broken light switch cover on the kitchen side of the activity room/kitchen doorway. Also, inspection revealed that an extension cord is being used to power a projector.	K 147	Required documentation was completed/ properly labeled by the new Maintenance Director on 4/29/11. He has been educated on the required documentation. Documentation for completion will be reviewed by the Environmental Consultant for Genesis and Results will be presented quarterly at the CQI x 2 by the Maintenance Director. <i>K130 POC Accepted 5/31/11 J. Benard / P. McArthur</i> K147 St. Albans Health & Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law. All residents have the potential to be affected by this deficient practice. The mentioned light switch cover was replaced on 4/26/11. The mentioned extension cord in the Education area was removed on 4/26 and a receptacle was installed on 4/29. A physical plant inspection check list has been implemented and will be performed weekly by the maintenance director and/or his designee to assure that light switches are not broken and that extension cords are not used. Results of the inspection will be presented during CQI meeting quarterly x 2. <i>K147 POC Accepted 5/31/11 J. Benard / P. McArthur</i>	